

Medicare Managed Care Manual

Chapter 20 - Plan Communications Guide

(Rev. 40, 11-14-03)

Appendix C - Record Layouts

Enrollment/Disenrollment Transaction

Correction Transaction

Header Record for Enrollment/Disenrollment/Correction Data Files

Transaction Reply - DATA FORMAT

Monthly Membership Report DATA FORMAT

Bonus Payment Report - Data File

Monthly Summary Membership Report - Record Layout

ASUF (Age Sex Underwriting Factor) Record Layout

AAPCC Dollar Amounts Record (Mainframe)

AAPCC Dollar Amounts Record (PC)

Working Aged Transaction

Part B Claims Report (Record Type 5)

PART B Claims Record (Record Type 6 and 7)

Enrollment/Disenrollment Transaction

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Sex	1	33	Beneficiary Sex Identification Code 1 = Male 2 = Female 0 = Unknown
Date of Birth	8	34 - 41	Beneficiary Birth Date; YYYYMMDD format
EGHP Flag	1	42	Y = EGHP member
PBP Identifier	3	43 - 45	Identification number of Plan Benefit Package
Filler	1	46	Spaces
Contract Number	5	47 - 51	Contract Number
Application Signature Date YYYYMMDD format	8	52 - 59	Date the applications was signed
Transaction Code	2	60 - 61	Beneficiary GHP Transaction Type Code 51 = Disenroll 60 = Employer Group Enroll* 61 = Enroll 71 = PBP Election
Disenrollment Reason	2	62 - 63	Disenrollment reason code
Effective Date YYYYMMDD format	8	64 - 71	Transaction Effective Date;
[Filler]	8	72 - 79	Spaces
Prior Commercial	1	80	Beneficiary GHP Prior Commercial Month Count 0 - 9, A - F = number of months a beneficiary was enrolled in Plan on a commercial basis prior to Plan's Medicare contract; otherwise, blank

Correction Transaction

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Action Code	1	33	D = Institutional ON E = Medicaid ON F = Medicaid OFF G = Nursing Home Certifiable (NHC) ON
[Filler]	13	34 - 46	Spaces
Contract Number	5	47 - 51	GHP Contract Number
[Filler]	8	52 - 59	Spaces
Transaction Code	2	60 - 61	Beneficiary GHP Transaction Code; code is always 01
[Filler]	19	62 - 80	Spaces

Header Record for Enrollment/Disenrollment/Correction Data Files

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Header Message	12	1 - 12	ZZZHEADERZZZ
[Filler]	21	13 - 33	
Payment Month	6	34 - 39	MMYYYY (Note that the date should be one month after the processing date, e.g., input 022002 for data submitted before the January 2002 cutoff date.)
[Filler]	41	40 - 80	

Transaction Reply - DATA FORMAT

	<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
1.	Claim Number	12	1 - 12	Claimant Account Number
2.	Surname	12	13 - 24	Beneficiary Surname
3.	First Name	7	25 - 31	Beneficiary Given Name
4.	Middle Name	1	32 - 32	Beneficiary Middle Initial
5.	Sex Code	1	33 - 33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6.	Date of Birth	8	34 - 41	YYYYMMDD Format
7.	Medicaid Indicator	1	42 - 42	1 = Medicaid 0 = No Medicaid
8.	Contract Number	5	43 - 47	Plan Contract Number
9.	State Code	2	48 - 49	Beneficiary Residence State Code
10.	County Code	3	50 - 52	Beneficiary Residence County Code
11.	Disability Indicator	1	53 - 53	1 = Disabled 0 = No Disability
12.	Hospice Indicator	1	54 - 54	1 = Hospice 0 = No Hospice
13.	Institutional/NHC Indicator	1	55 - 55	1 = Institutional 2 = NHC 0 = No Institutional
14.	ESRD Indicator	1	56 - 56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15.	Transaction Reply Code	3	57 - 59	Transactions Reply Code
16.	Transaction Type Code	2	60 - 61	Transactions Type Code
17.	Entitlement Type Code	1	62 - 62	Beneficiary Entitlement Type Code
18.	Effective Date	8	63 - 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112.
19.	WA Indicator	1	71 - 71	1 = Working Aged 0 = No Working Aged

20.	Plan Benefit Package ID	3	72 - 74	PBP number
21.	Filler	1	75	Spaces
22.	Transaction Date	8	76 - 83	YYYYMMDD Format; Present for all transaction reply codes.
23.	Filler	1	84 - 84	Space
24.	Positions 85 - 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a.	Disenrollment Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 14, 18, 84.
b.	Enrollment Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 83.
c.	Claim Number (new)	12	85 - 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86.
d.	Date of Death	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 36, 90, 91, 92.
e.	Hospice Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 35, 71.
f.	Hospice End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 72.
g.	ESRD Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 45, 73.
h.	ESRD End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 74.
i.	Institutional/NHC Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75.
j.	Institutional/NHC End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 49, 76.
k.	Medicaid Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 77.
l.	Medicaid End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 78.
m.	Part A End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 79.

n.	WA Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 66.
o.	WA End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 67.
p.	Part A Reinstatement Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 80.
q.	Part B End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 81.
r.	Part B Reinstatement Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 82.
s.	SCC	5	85 - 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is the following: 85.
25.	District Office Code	3	97 - 99	Code of the originating district office; Present only when Transaction Type Code is 53.
26.	Part A AAPCC Pay Rate	7	100 - 107	Part A Demographic Payment Rate
27.	Part B AAPCC Pay Rate	7	108 - 115	Part B Demographic Payment Rate
28.	Source ID	5	116 - 120	Transaction Source Identifier
29.	Prior Plan Benefit Package ID	3	121 - 123	Prior PBP number; present only when transaction type code is 71.
30.	Filler	10	124 - 133	Spaces

RECORD LENGTH = 133 BLOCK SIZE = 23408

Monthly Membership Report DATA FORMAT

#	Field Name	Len	Pos	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
	Demographic Health Status Indicators:			
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional
18	NHC	1	65-65	Y = Nursing Home Certifiable

#	Field Name	Len	Pos	Description
19	Medicaid	1	66-66	Y = Medicaid Status
	Risk Adjuster Indicators:			
20	FILLER	1	67-67	SPACES
21	Medicaid Indicator	1	68-68	Y = Medicaid Addon
*22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
• *23	Default Indicator	1	71-71	Y = default RA factor in use <ul style="list-style-type: none"> For pre-2004 adjustments, a “Y” indicates that a new enrollee RA factor is in use For post-2003 payments and adjustments, a “Y” indicates that a default factor was generated by the system due to lack of a RA factor.
• 24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
•	Fields 26 - 30 applicable to both Demographic and Risk Adjuster:			
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
• 28	Adjustment Reason Code	2	90-91	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-\$\$\$\$\$.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-\$\$\$\$\$.99

#	Field Name	Len	Pos	Description
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-\$\$\$\$\$.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-\$\$\$\$\$.99
35	Blended Paymt/Adjustmt Rate A	9	144-152	-\$\$\$\$\$.99
36	Blended Paymt/Adjustmt Rate B	9	153-161	-\$\$\$\$\$.99
37	Total Paymt/Adjustmt	9	162-170	-\$\$\$\$\$.99
	Additional Risk Adjuster Indicators:			
*38	FILLER	1	171-171	SPACES
39	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age
40	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
• 41	FILLER	1	183-183	SPACES
42	FILLER	1	184-184	SPACES
43	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
44	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native

#	Field Name	Len	Pos	Description
*45	RA Factor Type Code	2	• 189-190	Type of factors in use (see Fields 24-25): C = Community CP = Community Post-Graft (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) EP = New Enrollee Post-Graft (ESRD) G = Graft (ESRD) I = Institutional IP = Institutional Post-Graft (ESRD)
*46	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
• *47	Previously Disabled Indicator	1	192-192	Y = Previously Disabled – Only on post-2003 payments/adjustments
*48	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
• *49	Future Flag Indicator	1	194-194	Y = Member eligible for new provision
• *50	FILLER	6	195-200	Spaces

Bonus Payment Report - Data File

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Contract Number	5	1-5	Plan contract number
Run Date	8	6-13	YYYYMMDD; date the report was created
Payment Month	6	14-19	YYYYMM; the month payments are effective
Adjustment Reason Code	2	20-21	Reason for the adjustment; equal to spaces if a payment
Payment/Adjustment Start Month	6	22-27	YYYYMM
Payment/Adjustment End Month	6	28-33	YYYYMM
State and County Code	5	34-38	2-digit state code followed by 3-digit county code of residence
HIC	12	39-50	Beneficiary's claim number
Surname	7	51-57	First 7 letters of the last name
Initial	1	58-58	Initial of the first name
Sex	1	59-59	Gender; M=male. F=female
Date of Birth	8	60-67	YYYYMMDD
Bonus Percentage	5	68-72	Bonus payment percent; 5.000% or 3.000%
Total Blended Payment/Adjustment w/o Bonus	9	73-81	Total Payment/Adjustment without bonus
Bonus Part A Payment/Adjustment	8	82-89	Part A bonus payment/adjustment
Bonus Part B Payment/Adjustment	8	90-97	Part B bonus payment/adjustment
Total Bonus Payment/Adjustment	9	98-106	Total bonus payment/adjustment
Blended + Bonus Payment/Adjustment Part A	9	107-115	Part A payment/adjustment with bonus
Blended + Bonus Payment/Adjustment	9	116-124	Part B payment/adjustment with bonus Part B
Total Blended + Bonus Payment/Adjustment	9	125-133	Total payment/adjustment with bonus

Monthly Summary Membership Report - Record Layout

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Plan Identification Code	5	1 - 5	GHP contract number*
Run Date	8	6 - 13	YYYYMMDD format, the format of the plan's payment which reflects the payment adjustments listed in the report.*
Payment Date	6	14 - 19	YYYYMM format, the month for which the calculated beneficiary payments are effective.*
Adjustment Code	2	20 - 21	00 for P*
Reason for the Adjustment	10	22 - 31	Reason for the adjustment*
Number of Payments/Adjustments	7	32 - 38	Z7*
Number of Months	7	39 - 45	Z7*
Number of Members Part A	7	46 - 52	Z7*
Number of Months Part A	7	53 - 59	Z7*
Number of Members Part B	7	60 - 66	Z7*
Number of Months Part B	7	67 - 73	Z7*
Part A Payment Dollars	13	74 - 86	Z13.2*
Part B Payment Dollars	13	87 - 99	Z13.2*
NET Payment Dollars	14	100 - 113	Z14.2*
Part A AAPCC	9	114 - 122	Z9.2, P
Part B AAPCC	9	123 - 131	Z9.2, P
Payment/Adjustment Character	1	130 - 130	P for Payment, A for adjustment

* Payment and Adjustment

ASUF (Age Sex Underwriting Factor) Record Layout

Demographic Factor Record:

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
1. ASUF Key	5	1-5	Value = "*****"
2. ASUF Part	1	6	1 = PART A, 2 = PART B
3. ASUF Age	2	7-8	01 = 85 & Over 06 = 60-64 02 = 80-84 07 = 55-59 03 = 75-79 08 = 45-54 04 = 70-74 09 = 35-44 05 = 65-69 10 = Under 35
4. Entitlement	1	9-14	"PART A" or "PART B"
5. Filler	5	15-19	Spaces
6. Aged Disabled	8	20-27	"AGED" or "DISABLED"
7. Filler	8	28-35	Spaces
8. Age Group	9	36-44	85 & Over 80-84 75-79 70-74 65-69 60-64 55-59 45-54 35-55 Under 35
9. Filler	3	45-47	Spaces
10. Male Instit	3	48-50	Institutional Factor for Males
11. Filler	1	51	Spaces
12. Male Medicaid	3	52-54	Non-institutional Medicaid Factor for Males
13. Filler	1	55	Spaces
14. Male Non-Medicaid	3	56-58	Non-institutional Non-Medicaid Factor for Males
15. Filler	1	59	Spaces
16. Male Working Aged	3	60-62	Working Aged Factor for Males
17. Filler	1	63	Spaces
18. Female Instit	3	64-66	Institutional Factor for Females
19. Filler	1	67	Spaces
20. Female Medicaid	3	68-70	Non-institutional Medicaid Factor for Females
21. Filler	1	71	Spaces
22. Female Non-Medicaid	3	72-74	Non-institutional Non-Medicaid Factor for Females
23. Filler	1	75	Spaces
24. Female Working Aged	3	76-78	Working Aged Factor for Females

AAPCC Dollar Amounts Record (Mainframe)

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
1. State Code	2	1-2	SSA State Code
2. County Code	3	3-5	SSA County Code
3. Filler	1	6	Spaces
4. State	15	7-21	State Name
5. County	20	22-41	County Name
6. Part A Aged	6	42-47	Part A Aged Rate
7. Part B Aged	6	48-53	Part B Aged Rate
8. Part A Disable	6	54-59	Part A Disabled Rate
9. Part B Disable	6	60-65	Part B Disabled Rate
10. Part A ESRD	6	66-71	Part A End-Stage Renal Disease Rate
11. Part B ESRD	6	72-77	Part B End-Stage Renal Disease Rate
12. Filler	1	78	VALUE = *

AAPCC Dollar Amounts Record (PC)

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
State Code	2	1-2	SSA State Code
County Code	3	3-5	SSA County Code
Filler	1	6-6	Spaces
Quotes	1	7-7	Quotation Mark
State	2	8-9	State Name
Quotes	1	10-10	Quotation Mark
Filler	1	11-11	Spaces
Quotes	1	12-12	Quotation Mark
County	20	13-32	County Name
Quotes	1	33-33	Quotation Mark
Part A Aged	7	34-40	Part A Aged Rate
Filler	1	41-41	Spaces
PART B Aged	7	42-48	Part B Aged Rate
Filler	1	49-49	Spaces
Part A Disable	7	50-56	Part A Disabled Rate
Filler	1	57-57	Spaces
PART B Disable	7	58-64	Part B Disabled Rate
Filler	1	65-65	Spaces
Part A ESRD	7	66-72	Part A End Stage Renal Disease Rate
Filler	1	73-73	Spaces
Part B ESRD	7	74-80	Part B End Stage Renal Disease Rate

Working Aged Transaction

	<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
1.	Record Type (mandatory)	4	1-4	Value = "HUSP"
2.	Filler	1	5-5	Space
3.	HIC Number (mandatory)	12	6-17	Beneficiary's HICN/RRB number
4.	Beneficiary's Surname (mandatory)	6	18-23	Last name of beneficiary
5.	Beneficiary's First Initial (mandatory)	1	24-24	Initial of beneficiary's first name
6.	Filler	1	25-25	Space
7.	Beneficiary's Date of Birth (mandatory)	6	26-31	Beneficiary's date of birth; format MMDDYY
8.	Beneficiary's Sex Code (mandatory)	1	32-32	Sex of beneficiary: 0 = Unknown 1 = Male 2 = Female
9.	Filler	5	33-37	Spaces
10.	Contract Number (mandatory)	5	38-42	Plan Contract Number (your Plan number - Hxxxx); Required for system generation of the Document Control Number
11.	Filler	14	43-56	Spaces
12.	Transaction Type (mandatory)	1	57-57	Identifies type of maintenance 0 = Add or change MSP data transaction 1 = Delete MSP data transaction
13.	Validity Indicator (mandatory)	1	58-58	Validity of MSP coverage Y = beneficiary has MSP coverage N = beneficiary does not have MSP coverage
14.	Filler	8	59-66	Spaces
15.	Insurer's Name (mandatory)	32	67-98	Primary Insurer's Name
16.	Insurer's Address-1 (mandatory)	32	99-130	Primary Insurer's Address Line 1
17.	Insurer's Address-2 (mandatory)	32	131-162	Primary Insurer's Address Line 2

18.	Insurer's City (mandatory)	15	163-177	Primary Insurer's City
19.	Insurer's State (mandatory)	2	178-179	Primary Insurer's State Code
20.	Insurer's Zip Code (mandatory)	9	180-188	Primary Insurer's Zip Code
21.	Policy Number	17	189-205	Primary Insurer's policy number of insured
22.	MSP Effective Date (mandatory)	8	206-213	Effective date of MSP coverage; format MMDDYYYY
23.	MSP Termination Date (mandatory)	8	214-221	Termination date of MSP coverage; format MMDDYYYY
24.	Patient Relationship (mandatory)	2	222-223	Relationship of patient to insured 01 = Patient is insured 02 = Spouse
25.	Subscriber First Name	9	224-232	First Name of Policyholder
26.	Subscriber Last Name	16	233-248	Last Name of Policyholder
27.	Employee ID Number	12	249-260	Employee ID Number; assigned by employer
28.	Filler	1	261-261	Spaces
29.	Employee Information Data	1	262-262	To whom the employment data applies P = Patient S = Spouse
30.	Employer Name	24	263-286	Employer providing coverage
31.	Employer's Address	18	287-304	Employer's Street Address
32.	Employer's City	15	305-319	Employer's City
33.	Employer's State	2	320-321	Employer's State Code
34.	Employer's Zip Code	9	322-330	Employer's Zip Code
35.	Insurance Group Number	20	331-350	Group number assigned by primary payer
36.	Insurance Group	17	351-367	Name of group plan
37.	Filler	8	368-375	Spaces
38.	Date of Birth Century (mandatory)	2	376-377	Century in which the beneficiary was born; must be 18, 19, or 20
39.	Filler	46	378-423	Spaces

Part B Claims Report (Record Type 5)

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Contract Number	5	1	MCO Contract Number
Records Code	1	6	Record Type 5 – Home Health Agency
Can-Bic	12	7	HIC Number
Period From	8	19	Start Date - yyyyymmdd
Period TO	8	27	End Date - yyyyymmdd
HIMA-DOB	8	35	Date of Birth - yyyyymmdd
PAT - Surname	6	43	First 6 positions of Beneficiaries surname
First Name	1	49	First letter of beneficiaries first name
Middle Initial	1	50	First letter of beneficiaries middle name
REIMB-AMT	11	51	Reimbursement amount for this claim
TOT-CHARGE	11	62	Total charges on the claim
RPT-DATE	6	73	Claims processed thru date - yyyyymmdd
INTER-NUM	5	79	ID number of the contractor
PROV-NUM	6	84	Provider's ID number.

PART B Claims Record (Record Type 6 and 7)

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Contract Number	5	1	MCO Contract Number
Records Code	1	6	Record Type 5 – Home Health Agency
Can-Bic	12	7	HIC Number
Period From	8	19	Start Date - yyyymmdd
Period TO	8	27	End Date - yyyymmdd
HIMA-DOB	8	35	Date of Birth - yyyymmdd
PAT - Surname	6	43	First 6 positions of Beneficiaries surname
First Name	1	49	First letter of beneficiaries first name
Middle Initial	1	50	First letter of beneficiaries middle name
REIMB-AMT	11	51	Reimbursement amount for this claim
TOT-CHARGE	11	62	Total charges on the claim
RPT-DATE	6	73	Claims processed thru date - yyyymmdd
INTER-NUM	5	79	ID number of the contractor
PROV-NUM	10	84	Provider's ID number.
Carrier-Control-No.	15	94	Control number assigned by Medicare carrier.
Total Provider Amt	11	109	Total provider payment amount for claim.
Patient Pmt. Amt.	11	120	Total bene payment amount for claim..
Amount Bene Paid	11	164	Amount paid by bene to provider
Total Submitted Chrg	11	175	Total submitted charge amount for the claim